

Consent for Cosmetic Acupuncture

Please read this document carefully and completely. Initial each page indicating that you have read the page. Your signature on the last page indicates that you have read the document, had your questions answered, understand the expectations and risks associated with cosmetic acupuncture, and consent to treatment.

The purpose of Cosmetic Acupuncture is to create a younger and more vibrant appearance. A Cosmetic Acupuncture treatment involves the insertion of acupuncture needles to the face, neck and body in order to reduce the visible signs of aging. According to the theory of Traditional Chinese Medicine there are meridians or pathways of Qi (energy) that flow throughout the entire body. Therefore, it is possible for Cosmetic Acupuncture to address the energy of the entire body making it not merely a “cosmetic” treatment. Your complexion reflects the result of the state of Qi in your entire body.

As with all Traditional Chinese Medicine treatment, like acupuncture, Cosmetic Acupuncture involves the patient in a gradual, healthful process that I, Lori Lloyd, L.Ac., customize for each individual. Your treatments may include other modalities in conjunction with the acupuncture and will be explained if they are required for your care. Cosmetic Acupuncture is in no way analogous or a substitute for a surgical facelift.

In receiving cosmetic facial acupuncture, you may experience some of the following changes:

- Improved muscle tone and elasticity
- Decreased puffiness around the eyes
- Firming of sagging skin
- Elimination or reduction of fine wrinkles
- Even skin tone and improved luster of complexion
- Reduction of acne and rosacea

Risks of Cosmetic Acupuncture:

In undertaking any procedure, it is important that you understand the risks involved with receiving Cosmetic Acupuncture. Although most patients who receive this technique do not experience complications, the potential side effects or risks are listed below:

- a) **Bleeding and bruising** – as with acupuncture in general, when a needle is removed some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or hematoma may appear. *With bruising, it is important that you wear sunscreen when going outside.* Topical and internal remedies will be discussed to address bruising. If swelling persists, call me immediately. *Please advise me if you are currently on any type of blood thinning drugs as this can increase the chance of bruising.*
- b) **Asymmetry** – all facial structures are naturally asymmetrical. Results vary from side to side due to the natural asymmetry, previous injuries on one side of the body, or severity of symptoms from one side or the other.

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- c) **Needle shock** – needle shock is a rare complication that can happen during any acupuncture treatment. If you feel faint or shaky during the treatment, please let me know immediately.
- d) **Delayed healing** – delaying healing is a rare complication. Smoking and certain health conditions such as diabetes, chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks.
- e) **Unsatisfactory results** – it is important to understand that you are not having a surgical procedure. The alternatives, risks, and comparisons of surgical procedures versus acupuncture have been discussed and outlined in this document. Please discuss any questions with me before treatment begins.

Long Term Effects:

Following your cosmetic acupuncture treatments, changes in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, stress, illness, or other circumstances not related to acupuncture. It has been explained that following lifestyle and dietary instructions may enhance the longevity of the cosmetic acupuncture treatment while non-compliance will adversely affect the longevity of the cosmetic acupuncture treatment. Additional, future treatments may be necessary to maintain the results.

Health Insurance:

As with most cosmetic procedures, most health insurance does not cover the cost of the procedure or complications resulting from the procedure. Please contact your insurance if you have any questions about coverage.

Expectations and Guarantee:

It has been explained that Cosmetic Acupuncture is not a surgical procedure. My questions regarding longevity of results, expected changes in my facial appearance have been answered. Although good results are expected, there is no guarantee or warranty either expressed or implied on the results that may be obtained.

Financial responsibilities:

The fee a Cosmetic Acupuncture treatment is \$90 per treatment. The complete series, which consists of 10 treatments to be given over a period of 5 weeks, costs a total of \$900.

Disclaimer:

Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment. They are not intended to define or serve as the standard of acupuncture. However, informed consent documents should not be considered all-inclusive in defining other methods of care and potential risks. Standards of acupuncture are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. I may provide you with additional or different information that is based on the facts in your particular case and the present state of knowledge within the field of acupuncture.

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CONSENT FOR COSMETIC ACUPUNCTURE TREATMENT

My signature below indicates that:

- 1) It has been explained to me in a way that I understand that there are:
 - a) Risks involved with the procedure
 - b) That I have alternatives available to me for cosmetic improvements
- 2) Lori Lloyd, L.Ac. has addressed my questions and expectations
- 3) I acknowledge that no guarantee has been given to me as to the results that may be obtained
- 4) **I am NOT pregnant, nor do I have any type of seizure disorder or uncontrolled hypertension as this would be contraindicated for this protocol.**

Patient signature

Date

Print name

Practitioner signature